

18-05-'04 13:37~ 從 WINSTON HSU, NO. 41526 8064986673

T-999 P017 RECEIVED
CENTRAL FAX CENTER

MAY 18 2004

**NORTH AMERICA
INTERNATIONAL PATENT OFFICE**

P.O. BOX 506, Merrifield, VA 22116, U.S.A.
TEL:+886-2-8923-7350 FAX:+886-2-2929-5950 e-mail:winstonhsu@naipo.com.tw

FAX TO: Neils, Peggy A
ART UNIT: 2875

Tel: (571) 272-2377
Fax: (703) 872-9318

FROM: Winston Hsu, PATENT AGENT, REG. NO. : 41,526

SERIAL NO.: 10/065,953

ATTORNEY DOCKET NO.: OTMP0033USA

**SUBJECT: RESPONSE TO OFFICE ACTION MAILED
ON 02/26/2004**

TOTAL PAGES: 11 PAGES (INCLUDING COVER PAGE)

Winston Hsu 2004/05/18

OTMP0033USA0_A2_1

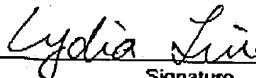
PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office

on 05/18/2004

Date



Signature

Lydia Liu

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

APPLICATION NUMBER: 10/065,953
PAPERS INCLUDED:

(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to the Office Action	7 PAGES

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

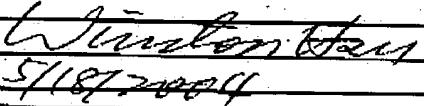
(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Winston Hsu, Reg. No.: 41,526
Signature	
Date	5/18/2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature		Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known

Application Number	10/065,953
Filing Date	12/04/2002
First Named Inventor	Bor-Bin Chou
Examiner Name	Nells, Peggy A
Art Unit	2875
Attorney Docket No.	OTMP0033USA

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:
Deposit Account Number
50-3105Deposit Account Name
North America Intellectual Property Corp.

The Director is authorized to: (check all that apply)

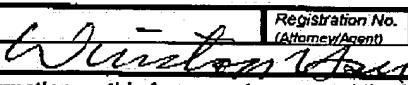
 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reseue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$ 0.00)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims		-20** =	X
Multiple Dependent		-3** =	X
		=	=
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$ 0.00)			
*or number previously paid, if greater; For Reissues, see above			
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 0.00)			

(Complete if applicable)

Name (Print/Type)	Winston Hsu	Registration No. (Attorney/Agent)	41,526	Telephone	886289237350
Signature					

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND T : Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

18-05-'04 13:38 從- WINSTON HSU, NO. 41526 8064986673 T-999 P05/11 U-193

RECEIVED
CENTRAL FAX CENTER

MAY 18 2004

T-999 P05/11 U-193

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: BOR- BIN CHOU
5 Kuan-Chou Ko
Filing Date: 12/04/2002
Serial No.: 10/065,953
Examiner: Peggy A. Neils
Art Unit: 2875
Docket No.: OTMP0033USA

Title: COOLING APPARATUS FOR ILLUMINATION SYSTEM
10

Subject: Response to the Office Action dated 02/26/2004

To: Commissioner for Patents
P.O.Box 1450
15 Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

20 In response to the Official Action identified above, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.
25 Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.